

AO435 (Rev. 1/90)) ADMINISTRAT	IVE OFFICE C	F THE UNITE	ED STATES	COURTS		FOR (COURT USE	ONLY:	
TRANSCRIPT ORDER Read Instructions on Back.					DUE DATE:					
1 NAME					2. PHONE NUMBER (704) 927 - 2900			3. DATE August 10, 201		
4. MAILING ADDRESS 13950 Bellentyne Corporate Place S+#185				5. CITY Cherlotte			No	6. STATE 7. ZIP		CODE 77
8. CASE NUMBER				9. JUDICI				S OF PROCEE	DINGS	
17 - 03283 12. CASE NAME				Laure Taylor Swain LOCATION O 13. CITY San Juan			10. FR	10. FROM 11. TO 08/08/2017 08/0		9/2017
In R: Financial D.	versight and	Managener	Bourd	13. CITY	San	Juan	N OF PROCE	14. STATE	Puerto	Rico
APPEAL	APPEAL CRIMINAL			CRIMINAL JUSTICE ACT			CT	⊠ BANKRUPTCY		
NON-APPEAL CIVIL			☐ IN FORMA PAUPERIS				☐ OTHER(Specify)			
16. TRANSCRIPT REC	QUESTED (Speci	fy portion (s) a	nd date(s) of pr	roceeding(s)	for which t	ranscript is reques	ted)			
PORTIONS DATE (S) VOIR DIRE				PORTION(S) TESTIMONY (Specify Witness)				DATE(S)		
OPENING STATE				I IES	iwow i (specify	witness)				
OPENING STATEM	ENT (Defendant)									
CLOSING ARGUMENT (Plaintiff)					☐ PRE-TRIAL PROCEEDING		DING (Spcy)			
CLOSING ARGUME										
OPINION OF COUR										
JURY INSTRUCTIONS				▼ OTHER (Specify)		Complete	Transcript	both &		
SENTECING BAIL HEARING								1		
				17. 0	ORDER					
CATAGORY	ORIGINAL Free Copy fo		rt) FIRST COPY		ADDITIONAL COPIES NO		NO. OF PA	GES ESTIMAT	E COS	STS
ORDINARY					NO. OF	COPIES				Part I
EXPEDITED						COPIES				
DAILY			×		NO. OF	COPIES				
HOURLY CERTIFICATION (18 &19)					NO. OF	F COPIES				
By signing below, I certify that I will pay all charges (deposit plus addit			tional).	ESTIMAT		ESTIMATE	TOTAL		0	
18. SIGNATURE Geffor Town					PROCESSED BY					
19. DATE 08/10/2017					PHONE NUMBER					
TRANSCRIPT TO BE I					COURT	ADDRESS				
ORDER RECEIVED	DATE BY									
DEPOSIT PAID					DEPOS	T PAID				
TRANSCRIPT ORDERED					TOTAL	CHARGES				
TRANSCRIPT RECIEVED					LESS D	EPOSIT				
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT					TOTAL REFUNDED					
PARTY RECEIVED TRANSCRIPT					TOTAL	DHE				